

BOROUGH OF DAVENTRY



ANNUAL REPORT
of the
MEDICAL OFFICER
OF HEALTH
FOR THE YEAR 1969

JOAN M. ST. V. DAWKINS
Medical Officer of Health

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Medical Officer of Health

DAVENTRY BOROUGH COUNCIL

HEALTH DEPT..
MOOT HALL,
DAVENTRY,
NORTHANTS.

Telephone: Daventry 2172.

To His Worship the Mayor, Aldermen and Councillors,
of the Borough of Daventry.

I have the honour to present my fourteenth Annual Report as Medical Officer of Health, which also incorporates that of the Chief Public Health Inspector.

The report is presented once again, in seven sections each dealing with an aspect of environmental control; the first on natural and social conditions; the second on the provisions of health and welfare services; the third on sanitary circumstances; the fourth on housing; the fifth on food; the sixth on the control of infectious and other diseases, and the seventh on the Factory Acts. In addition, while, increasingly health prevention is becoming a matter of individual concern, a number of general observations are made on trends which could prove inimical to health either, now, or in the future.

The figures for population are issued for mid-year by the Registrar General and they show a rise of from 8,500 to 10,200. There were 93 deaths, a decrease of 25 on last year's figure of 118, giving a crude rate of 9.1 (S.R. 7.9). The causes of death remain similar to last year, and are either due to diseases of heart and circulation or the cancers, which occur predominantly in the elderly.

There were however a total of 274 births as compared with 206 last year. This gives a standardised rate of 35 which is double the national rate of 16.3, and indicated that the new inhabitants of the town are young married couples.

There was a decrease in the incidence of infectious diseases, but this was largely due to a decline in measles. Measles vaccination continued, but owing to shortage of vaccine was not generally available. It is to be hoped that this universal, and often complicated infection, will decline in future years. While the incidence of infection is slight, it is disturbing to note that the numbers receiving immunisation are, in many areas, too few. It is hoped that the use of the computer will have the effect of raising the response. Should standards fall infections could re-occur. It remains vitally important for children to be immunised for diphtheria, poliomyelitis, whooping cough, tetanus, smallpox and now measles, with tuberculosis vaccination following later. The introduction of Rubella (German Measles) vaccination may also become universal for girls, as an effective vaccine has now been developed.

There has been one case of food poisoning and six cases of dysentery. Elsewhere the incidence of these two diseases continues to be too high. The majority of cases are caused by faulty food handling, and scrupulous care in the storage, preparation, and sale of food is essential. Clean milk, pure water and efficient meat inspection must be maintained also. Standards are sustained by constant inspection, exhortations and sampling by the local authority; however without the co-operation of both the trade and the public these efforts cannot be successful. High standards in shops and cafes are not only good practice but are good business. The public should refuse to accept unsatisfactory practices not only in business premises but also by keeping the strictest methods in their homes and their own personal hygiene.

During the year 376 new houses were built and a total of 354 families, almost one family per day moved into Daventry during the year.

Many older properties were demolished in the central area in readiness for redevelopment. This necessitated the transfer of older residents, some of

whom have lived in the same streets all their lives. The Council's bungalow programme was an essential factor in alleviating this problem for many of our elderly residents caught up in the midst of the expansion scheme.

There are a number of shops within the central area which have been closed for several years. These are in a poor condition and detract from the progressive policy of development elsewhere.

The Public Health Committee has had to face problems over future drainage availability and new works will be required by 1973. The Mid-Northamptonshire Water Board has plans to ensure the future adequate water supply for Daventry, but consumption is rising and the expansion of Northampton and Wellingborough together with the new city of Milton Keynes will further tax the resources of the area.

The open-air swimming baths continue to serve the town and surrounding country and are a splendid amenity and a source of pleasure particularly to the younger members of the community. I have mentioned later in the report that 582 children obtained certificates for swimming, ranging from elementary to the advanced stages.

In January 1969 the new Daventry Health Centre was opened. The centre combines both general medical and local authority services under one roof and has proved to be very beneficial to the town. A report on the activities of the centre is in section B.

The town has always been conscious of the welfare of the elderly, and has made both statutory and voluntary provisions for them. Their housing needs are constantly in the forefront of planning and this year plans started for a warden supervised dwelling scheme. The voluntary committees who provide club facilities, meals on wheels, visiting, gifts, arrange annual holidays and other facilities, give a service which is of great benefit, and those ladies who carry out these duties throughout the year are thanked for their steadfast efforts.

The Daventry Home Safety Committee, another voluntary organisation functioning in the town, is concerned with ways of educating the public in dangers to be found in the home. Special emphasis was made in a window display regarding accidents due to fire. Other publicity has been achieved by the display of posters in various parts of the town including factories. A full report on accidents in the home is included, also, in section A.

Thus, the environmental control of the town has been maintained satisfactorily throughout the year, but while there is a gradual improvement annually, pressures are constant both in maintaining present standards and in dealing with new problems that occur. The national rise in population, if it continues at its present rate, will result in an increase of 20 million by the year 2000, thereby causing problems of great magnitude in the environment. Already some of these are evident in the United States of America. There will inevitably be increasing pollution of the air, sea, land and inland waterways: congestion of the roads resulting in more deaths from accidents: overcrowding of the cities with overspill and congestion of the countryside: a vast problem of refuse and sewage disposal: housing shortage: the need for more institutions, schools, teachers, hospitals and all the allied services: the problem of noise and its effect on mental health, and finally the ultimate result of overpopulation on the whole mental outlook of its people. While it is agreed that population control is a priority in many of the emerging countries, its urgency here has not received the attention it merits. While, at the present time, family planning is, in general, a practice of the more responsible members of the community, we are faced with an inevitable increase of population among the less desirable, who as problem families frequently perpetuate themselves by becoming the progenitors of future problem families. There are in this country 250,000 unwanted children born annually and it is likely that it is from this source that criminality arises. The successful practice of population control has therefore this twofold purpose, which is both quantitative and qualitative.

The year 1969 was notable for proposals for reform in Local Government structure and changes in the National Health Service. In the former, unitary all purpose authorities combining in Northamptonshire both the Borough and the County would take the place of the twenty-two district councils of the County and County Borough. The Health Service was to be unified and its tripartite structure to cease, removing the personal preventive health services from the local authority, but leaving the control of environmental services with the unitary authority. Finally the social services, remaining with the local authority, would embrace a number of health functions. This proposed massive reorganisation occupied much thought in the year of this report.

However, political changes which have occurred at the time of writing may cause some immediate deferral of these plans. However some reflection on the future of the preventive services and the challenges that have to be faced could be appropriate at this time.

It is now over twenty years since the inception of the National Health Service. From the outset a tripartite structure separating hospital, general practitioner and local authority services was potentially hazardous. The separation of the preventive services from the National Health Service, and the isolation of the medical personnel allying them with other local government officers rather than their colleagues has resulted in a steady decline in recruitment. Local authorities have not always recognised the potential of their inheritance and while there has been expansion of hospital and general practitioner services there has been some stagnation in the preventive field. Foresight in expenditure on prevention could have resulted in saving in the curative services. However health needs are weighed against all other demands and, in practice, are often the ones to be curtailed in times of economic stringency. It is unfortunate that the results of preventive medicine are without immediate dramatic evidence; are slow, long term, and can only be assessed by the passage of time and often the study of statistics. It is unfortunate too that in the last twenty years the needs of prevention have become more subtle, depending now less on obvious environmental control such as the clearing of slums and prevention of infectious disease than on the individual's response to life in an affluent society.

Finally, I emphasise each year, the future challenges. I maintain that there is a need for their constant reiteration. Health education has become, in its modern context, a perpetual battering at the bastions of ignorance, self-indulgence and complacency.

In the assessment of the needs for prevention there are three factors to be considered, first the primary one of preventing disease, which is exemplified by the total prevention of an illness by immunisation, the secondary factor of preventing premature death by means of early detection, modification of living habits, health education and other means, and thirdly the prevention of further deterioration of those who already suffer from chronic illness. Each facet of the field of prevention requires its individual disciplines, and it is necessary to consider the causes of premature death, and those afflictions which by their incidence lessen the quality of life.

The cause of premature death in the younger age groups, that is before the fifth decade (40 years), is now almost entirely from accidents, both in the home (among the youngest) and on the road (in the 1st, 2nd and particularly the 3rd decades). Once again I give some details on this subject on later pages of the report.

Next, in the middle aged, becoming evident now from the fifth decade there is the ever growing toll which is caused as a result of cigarette smoking. It is agreed that this is probably the greatest health challenge facing our society at this time. At least 50,000 deaths a year are contributed to by this habit, not only from cancer of the lung, but from coronary thrombosis, chronic bronchitis and pneumonia. In later pages I give in detail, some of the facts relating to the dangers of cigarette smoking. In the face of this massive challenge our efforts at prevention have, so far, been puny. Expenditure on

the promotion of information and the use of all the modern media of communication has been negligible when compared with the cost to the nation of these premature deaths. So often too the premature death occurs in a male in his prime, at the time of his greatest contribution to society and to his family. Constant effort should be directed by all the means that are available towards the education of young people in an effort to persuade them that cigarette smoking is a foolish habit indulged in by those who are unable to resist the temptation rather than, as it is now so often presented by the cigarette manufacturers, as the smoker bearing an image of maturity and independence. This responsibility lies, however, not only with the health educators but with those members of the adult population who particularly have contact and influence with young people.

The prevention of early arterial disease resulting in incapacity or death from coronary thrombosis or strokes is more complex and its incidence in all civilised countries, particularly in males, relates more to a way of life than to a single habit such as smoking. However there is evidence that cigarette smoking can also contribute to the incidence of coronary thrombosis. The causes of early arterial disease are probably multiple, and though research is continuing in many fields, there is as yet no breakthrough. In some the condition has an inherited tendency. The one salient factor that has emerged is that occurrence is less likely in those who take regular exercise and who are not obese. Farmers and bus conductors suffer less than bus drivers and commercial travellers. It is disturbing to consider that while young people are at school they are physically active but this activity may cease when they leave. They often eat in excess of their needs and start smoking earlier than former generations. The prevention of arterial disease, and the presymptomatic detection in screening of individuals likely to suffer is a challenge to preventive medicine which, at the present time, is not being tackled in Britain. Apart from isolated pockets of individual research there is little other effort and none which is generally directed. A situation may be building up in which the incidence of early arterial disease could assume epidemic proportions.

Much remains also, to be done in the field of chronic illness. The early detection of cancer, of diabetes, the prevention and alleviation of rheumatic diseases in all its manifestations, and finally in tertiary prevention, the needs of those who are the victims of chronic illness, particularly today with the increasing survival of the handicapped and the elderly, will require the organisation and deployment of many services. It is to be hoped that medical research may find the answer to some of these problems, but in the meantime in the organisation of the National Health Service there is an urgent need to assess the priorities in medicine and make the best use of the available resources.

Finally there is the disappointment that in a welfare state, where the relief of poverty and its attendant anxieties have been the primary aim of succeeding governments since the end of the war, there has been no lessening in the occurrence of mental ill health. Instead its incidence, together with those other manifestations of mental instability, such as drug taking, both of hard drugs and sedatives, delinquency, crime, child neglect and cruelty, divorce and a neglect of social obligations, indicate that a materially prosperous society requires also a firm basis of morality to be successful.

I wish to express my continued thanks to Mr. Schofield, the Public Health Inspector for his diligent work throughout the year, to those who have contributed to the compilation of this report, to the Chairman and Members of the Public Health Committee for help and encouragement and to the County Medical Officer of Health for his ready co-operation at all times.

JOAN M. ST. V. DAWKINS.

Medical Officer of Health.

September 1970.

BOROUGH OF DAVENTRY

Members of the Public Health Committee:

Councillor F. E. Hillman (Chairman)

Alderman T. R. Webb (Vice-Chairman)

Aldermen L. B. Butcher and W. G. S. Edwards

Councillors Mrs. R. H. Baxter, H. McConnochie, G. Morgan.

W. G. Tatcher

Public Health Officers of the Borough of Daventry:

Joan M. St. V. Dawkins, M.B., B.S., D.P.H., D.C.H..

Medical Officer of Health

Medical Officer of Health Brackley and Daventry Borough Councils and
Brackley, Brixworth, Daventry, Northampton and Towcester Rural District
Councils, Senior Assistant Medical Officer of Health
Northamptonshire County Council.

Also Acting Medical Officer of Health Higham Ferrers Borough, Oundle
Raunds and Rushden Urban District Councils.
Thrapston and Oundle Rural District Councils.

G. N. Schofield, R.S.I.J.B., M.A.P.H.I., Public Health Inspector

Certified Inspector of Meat and Foods

Shops Act Inspector

Petroleum Officer

Technical Assistant: P. Farndon

Clerk: Mrs. J. Cockerill

SUMMARY OF VITAL STATISTICS 1969

Area (in acres) 3.633; Population 10,200; Number of separate dwellings occupied 4,107; Rateable value 1969 (April) £487.081; Product of a penny rate £2.050.

LIVE BIRTHS (Rate per 1,000 estimated population)

	Male	Female	Total	Rate	Rate for England & Wales
Legitimate	138	124	262		
Illegitimate	3	5	8		
	141	129	270	26.5	16.3

(S.R. 35.0)

ILLEGITIMATE LIVE BIRTHS (Per Cent of total live births)

Male	Female	Total	
3	5	8	3

STILL BIRTHS (Rate per 1,000 live and still births)

Male	Female	Total		
3	1	4	15	13

TOTAL LIVE AND STILL BIRTHS

Male	Female	Total
144	130	274

INFANT DEATHS (Deaths under 1 year)

Male	Female	Total
—	2	2

INFANT MORTALITY RATES (Rate per 1,000 live births)

	Male	Female	Total		
Legitimate	—	2	2	7	18
Illegitimate	—	—	—		

NEO-NATAL MORTALITY RATE (Deaths under 4 weeks per 1,000 live births)

Male	Female	Total		
—	2	2	7	12

EARLY NEO-NATAL MORTALITY RATE (Deaths under 1 week per 1,000 live births)

Male	Female	Total		
—	1	1	4	10

PERINATAL MORTALITY RATE (Stillbirths and deaths under 1 week combined per 1,000 live and still births)

Male	Female	Total		
3	2	5	18	23

MATERNAL MORTALITY (including abortion) Nil

DEATHS (all causes)

Male	Female	Total		
42	51	93	9.1	11.9
				(S.R. 7.9)

CAUSES OF DEATH DURING DIFFERENT PERIODS OF LIFE DURING 1969

[illegible]

Ischaemic Heart Disease	...	...	...	M	11	—	—	—	—	—	1	3	3	—	4
				F	15	—	—	—	—	—	—	—	1	1	13
Other Forms of Heart Disease	...	...	...	M	—	—	—	—	—	—	—	—	—	—	—
				F	2	—	—	—	—	—	—	—	—	1	1
Cerebrovascular Disease	...	...	...	M	6	—	—	—	—	—	—	1	—	1	4
				F	8	—	—	—	—	—	—	—	—	2	6
Other Diseases of Circulatory System	...	...	...	M	5	—	—	—	—	—	—	—	—	—	5
				F	4	—	—	—	—	—	—	—	—	2	2
Pneumonia	...	...	...	M	7	—	—	—	—	—	—	—	—	1	6
				F	4	—	—	—	—	—	—	—	—	1	3
Bronchitis and Emphysema	...	...	...	M	3	—	—	—	—	—	—	1	1	1	1
				F	—	—	—	—	—	—	—	—	—	—	—
∞ Other Diseases, Genito-Urinary System	...	...	...	M	1	—	—	—	—	—	—	—	—	—	1
				F	—	—	—	—	—	—	—	—	—	—	—
Congenital Anomalies	...	...	...	M	—	—	—	—	—	—	—	—	—	—	—
				F	2	1	—	—	—	—	—	—	—	—	—
Other Causes of Perinatal Mortality	...	...	...	M	—	—	—	—	—	—	—	—	—	—	—
				F	1	1	—	—	—	—	—	—	—	—	—
Symptoms and Ill Defined Conditions	...	...	...	M	—	—	—	—	—	—	—	—	—	—	—
				F	1	—	—	—	—	—	—	—	—	—	1
All Other Accidents	...	...	...	M	1	—	—	—	—	—	—	—	—	—	—
				F	1	—	—	—	—	—	—	—	—	—	1
<hr/>															
TOTAL ALL CAUSES				M	42	—	—	—	—	—	2	4	8	3	24
				F	51	2	—	—	—	—	—	1	4	9	33

SUMMARY OF VITAL STATISTICS OVER PREVIOUS SIX YEARS

Year	Estimated	Births		Deaths			
		Crude		Under 1 year		All ages	
		No.	Rate	No.	Rate	No.	Rate
1964	6130	101	16.48	1	10.0	91	14.84
1965	6280	119	18.15	—	—	64	10.2
1966	6410	124	19.4	2	16.1	80	12.48
1967	6860	130	19.0	2	15.0	94	13.7
1968	8500	202	23.8	5	25.0	118	13.9
1969	10200	270	26.5	2	7.0	93	9.1
		(S.R. 35.0)		(S.R. 7.9)			

SECTION A

NATURAL AND SOCIAL CONDITIONS

AREA

The acreage of the town is 3,633 and the population is now 10,200.

Daventry received its Charter as a Borough from Queen Elizabeth I in 1576, and is, therefore, one of the Ancient Boroughs. During the 16th and 17th Centuries it became a busy coaching centre, which provided the main industry of whip making. With the disappearance of the coach employment came from the boot and shoe industry, augmented later by the B.B.C. transmitting station at Borough Hill.

During this period the character of Daventry changed little, with its wide rural boundaries and its rather cramped central area. However in 1953-54 a new era began with the construction of the British Timken Roller Bearing Factory. The population steadily increased, and in the mid 1960's new factories such as Messrs. Fords and Herbert-Ingersoll, both of international status, came to Daventry under the development scheme, proving that the town is a centre for industry within easy reach of major cities such as London and Birmingham. Smaller unit factories were also built, and this expansion in turn brought more employment to the town.

Although the old town centre still remains, a new town of over 1,200 modern dwellings has been built on estates to the North, East and West during the past four years. These new houses have been occupied mainly by overspill families from the Birmingham area, although families have come to Daventry from all over the country.

Further rapid development was in progress during the year on the Royal Oak Industrial Estate to the North-West of the town. The Green Shield Trading Stamp Company have centred their new storage premises on this site, and these were opened in early 1970.

POPULATION

The estimated mid-year population calculated by the Registrar General was 10,200 representing an increase of 1,700 on the 1968 figure. Natural increase, excess of births over deaths was calculated to be 177.

BIRTHS

Live births numbered 270 giving a rate of 26.5 (S.R. 35.0) per 1,000 population. The national rate is 16.3.

INFANT DEATHS

Two deaths were recorded during the year.

STILLBIRTHS

There were four stillbirths.

ILLEGITIMATE BIRTHS

Eight illegitimate births took place during the year, two less than in 1968.

MATERNAL MORTALITY

No maternal deaths were recorded during the year.

DEATHS

This year, as for the previous year, the Registrar General has listed the causes of death in groups of under one year, then 1-5 years, and thereafter in decades to 75 and over. Male and female deaths are also shown.

The vital statistics for the year show that there were 93 deaths compared with 118 the previous year, giving a crude rate of 9.1 compared with 13.9 for 1968. The Standardised Rate was 7.9 compared with that for England

and Wales of 11.9. The Standardised Rate is calculated from the Registrar General's comparability factor (0.87), which makes allowance for age and sex distribution of the population in different areas, and is adjusted specifically to take into account any residential institution in the district, especially of the aged, which applies particularly in this area.

There remain, though generally people are living longer, a number of premature and preventable deaths. In the district last year out of a total of 93 deaths, 24 died before the age of 65 and a further 12 between 65 and 74, making a total of 36 deaths before the age of 75. Therefore more than a third of the total deaths are still occurring before the three score years and ten (with the hopeful addition of an extra five years). More people live to achieve the extra years, but life span remains static. Of the deaths before 75 years, 18 were in males, and 16 were in females. Premature death is now caused mainly by accidents, arterial disease, and the cancers. In the district there were no deaths from motor vehicle accidents. Of the total of 54 deaths from diseases of the heart and circulation, 9 males and 1 female died before 64, and 1 male and 5 females between the ages of 64 and 75. The cancers took a total of 15 deaths, 10 of these before age 75.

It is probable that cigarette smoking is the greatest contemporary health problem. 50,000 deaths a year can be attributed to the habit. It is responsible for 9 out of 10 deaths from lung cancer, 3 out of 4 deaths from chronic bronchitis and 1 out of 4 deaths from coronary artery disease. It is estimated that twenty times more work days are lost through sickness from the habit than on industrial disputes.

In 1968, it was considered that about 75% of the male population and 41% of the female population smoked. Between 1956-68 the number of female cigarette smokers rose by a million. It is deeply disturbing to note that 42% of 16 year old boys and 30% of girls smoke more than 25 cigarettes per week.

The adverse effect on health of smoking unfortunately only becomes manifest after years of smoking, and are therefore not obviously connected with the habit. Also in many countries as the economic benefits from taxing tobacco products are large, governments have hesitated to improve legislation, and it is not practicable to improve regulations on an unwilling population. However it is imperative to take action that will discourage young people from starting to smoke, and may promote reduction or abstinence in smokers. This includes keeping people constantly and fully informed about the health consequences of smoking and pressing for the curtailment of all forms of sales promotion that encourage the use of tobacco.

It has been suggested in a recently published paper* that the most important approaches to combat the health hazards of smoking are as follows:—

1. The education of youth not to take up smoking.
(In this respect all those adults who are associated with and have influence over young people should by the force of their own example discourage them from starting to smoke. These include parents, teachers, youth leaders, sportsmen, actors, pop stars and others whom young people admire and may emulate).
 2. The exerting of the influence of health workers.
(The medical profession have recognised the hazard, and now only a quarter of British male doctors smoke. Their death rate from lung cancer is now only 2/5 of the national figure).
 3. Group approaches to the control of cigarette smoking by adults.
 4. Mass approaches to the control of cigarette smoking.
 5. Reducing the effectiveness of the advertising and promotion of cigarettes.
 6. Less hazardous smoking.
- * Smoking and Health by Professor C. M. Fletcher and Dr. D. Horn. W.H.O. Publication.

The incidence of early degenerative disease of the arteries, particularly in males, is increasing in all cultivated societies of the world. Its prevention is one of the great contemporary challenges of modern medicine. Men in their prime at a time of their major contribution to their community are struck down by coronary thrombosis or strokes. The causes are multiple, and, as stated, cigarette smoking is probably a factor. As well as being part of the process of ageing hereditary factors are involved in some. Women are less affected until after the menopause, indicating a hormonal protection. The only clear evidence is that the incidence is lower in those who take regular physical exercise and who are not obese. This salient feature needs emphasis, as it is easy in a modern industrialised society with the majority occupied in sedentary occupations, the widespread use of motor transport and television, for many to become physically inactive. It is wise to establish a way of life soon after leaving school in which there is regular participation in physical exercise which can be suitably modified to the passing years. This combined with some moderation in the consumption of food, together may help to prevent the early onset of arterial disease.

The yearly toll of injury and death from road accidents mounts steadily. In an overpopulated island with congested roads, and with an anticipated increase of numbers of vehicles annually, it must be expected inevitably that this death rate will not decline. However the majority of deaths (and injuries) occur in males in the age group 19–24. The young male would appear to be the participant and maybe the cause of transgression on the road. It would suggest that there is a field for action in the education of this group in the principles of road safety, which could start at school. In 1969 7383 were killed on the roads as compared with 6810 in 1968.

Deaths from accidents in the home are also continuing at a rate which is far too high, running at over eight thousand, together with injuries of approximately 125,000 receiving hospital treatment and a million and a half with slight injuries. Over three quarters of the fatalities occur in elderly people or in children under 5 years of age.

The statistics for Great Britain in 1967 are given in the chart below:—

Cause of Death	Age-group (years)					Sex		Total Deaths
	0—4	5—14	15—44	45—64	65 & plus	Male	Female	
Poisoning	33	13	316	494	624	637	843	1480
Falls	78	12	75	336	3006	1252	3155	4407
Burns and scalds	123	45	60	135	428	325	466	791
Suffocation and choking	576	7	71	74	64	421	321	742
Others	114	38	115	89	133	288	201	489
TOTAL	874	115	637	1128	5155	2923	4986	7909
Death Rate*	18.8	1.5	3.0	8.5	77.5	11.2	18.1	14.8

* Deaths per 100,000 population.

The following notes have been published in the Home Safety Journal (a publication of R.O.S.P.A.) in July 1970, and are acknowledged with thanks.

Comparative Figures for 5 Years 1963–1967

The annual figures of home accident fatalities in Great Britain for the five years 1963–67, analysed according to cause, are given in the following table:

Cause of Death	1963	1964	1965	1966	1967
Poisoning	2124	1782	1697	1719	1480
Falls	4830	4641	4538	4660	4407
Burns and Scalds	1058	886	872	951	791
Suffocation and Choking	792	896	900	812	742
Others	495	441	480	441	489
TOTAL	9299	8646	8487	8583	7909

Home Accidents — Cause of Death

Falls:

- 56% of total deaths—in one year (1967) (4,407 cases)
- 89% of victims were aged 65 or over
- 60% were falls on one level, tripping, slipping, stumbling
- 25% were falls from one level to another

Common cause of falls on one level are—slipping on wet floors or polished floors with or without loose rugs; tripping over obstacles or catching toes in floor coverings in poor repair; slipping on spilt grease; slipping in the bath.

Common causes of falls from one level to another are—lack of handrails or unsteady banisters causing falls downstairs; poor lighting on stairways; chairs used instead of household steps. Other falls of this nature include falls out of bed, out of prams and high chairs.

Physical causes include poor sight, undue haste; illnesses causing heart or chest troubles; stiff limbs; dizziness caused by reaching up or down unduly in elderly people.

Prevention: Risk of falls can be reduced by maintaining floor surfaces in good repair, wiping up spilt water or grease immediately; being tidy about the house; having safety rails by the bath; wearing shoes in good repair. Household steps should always be used to reach high shelves, etc., window safety catches should be used to control opening for the protection of young children and elderly people. Beds should not be too high, or chairs too low for easy use; extra handrails on the wall side of the stairs are helpful. Safety harness should be used in prams and high chairs.

Poisoning:

- 19% of all fatal home accidents in 1 year (1967)
- 43% of poisoning accidents involved household gas (642 cases).
- 57% involved drugs, chemicals and all other causes of poisoning (775 cases).

Common causes of gas poisoning are absentmindedness in leaving gas on, or partly lighted, lack of ventilation, using wrong (rubber) connecting tubing for appliances; bad installation or repair. The human factor, carelessness, is most often the basic cause.

Other forms of poisoning include overdoses of medicines; leaving medicines within reach of children; failure to use medicine cupboard; not checking dosage; taking internally lotions, rubs, etc., designed only for external use; children eating cosmetics.

Domestic Chemicals such as bleach, disinfectant, detergent, pesticides, paint strippers, antifreeze, petrol, paraffin and other fluids cause accidents to children, often causing internal injury.

Prevention: To prevent gas poisoning have any suspected leak inspected and serviced by the Gas Board; form the habit of checking that burners are alight; keep adequate ventilation to ensure a change of air, never use rubber connecting tubing, see that gas geyser flues are clear of obstruction; tighten loose gas taps that can be accidentally knocked on.

To prevent medicinal poisoning—keep all medicines in a proper medicine cupboard (to British Standard Specification); check dosage every time; use the 5ml. spoon for liquid medicines; get rid of surplus medicines by flushing down the lavatory; keep medicines out of the reach of children; label all containers clearly; if in doubt destroy.

To prevent poisoning from chemicals—avoid transferring to other containers, especially those previously used for food or drink; label clearly; store out of reach of children, especially in garage, shed or greenhouse; observe manufacturers' warnings and instructions.

Burns and Scalds

10% of all fatal home accidents in 1 year (1967) were burns and scalds (791 cases).

Deaths are caused by—falling into unguarded fires; clothing catching alight; burns due to houses catching fire. Conflagrations are due to chimney fires, overturning oil heaters, careless use of smoking materials and electrical faults. Faulty electric blankets can cause burns and asphyxia. Scalding accidents are due to hot liquids—overturning kettles and saucepans, bath water, washing and washing-up water, hot starch, and bursting hot-water bottles.

Prevention: To prevent burning accidents all coal fires should have fixed guards (to British Standards 2788 or 3140); gas, electric and oil fires should have integral guards. Winter clothing should be made of pure wool (slow burning), brushed nylon, or proofed cotton.

Clothing should never be aired near unguarded fires of any kind. Care should be taken when using flammable solvents for dry cleaning, or flammable adhesives for fixing tiles, etc., in the house. Paraffin and petrol should be stored in metal cans, and oil heaters filled, if possible outside the house. Polythene-type storage containers are increasingly popular and safe—metal cans can rust and therefore leak.

To prevent scalding accidents fill hot-water bottles carefully, using a thick protective cover; keep panhandles and kettle spouts away from the front of the cooker; keep toddlers out of the kitchen when doing laundry, washing up, cooking and dishing up are in progress; turn tablecloths under to prevent toddlers pulling hot liquids off the table. When using water for bathing and washing always run cold water before hot.

Suffocation and Choking:

These accidents account for over 9% of all fatal home accidents. In one year (1967) there were 742 deaths. Two thirds of these were by inhalation and ingestion of food, the rest from suffocation in cots and cradles. Children under 5 years accounted for 71% of all cases of suffocation and choking.

Prevention: To prevent suffocation and choking never 'prop-feed' infants; ensure adequate rubbing of the baby's back to bring up wind before putting down to sleep. Keep talcum powder (which can clog the lungs) away from babies, and if a sponge is used for washing see that it is too large and firm to be put in baby's mouth. Keep plastic bags out of the reach of children; never use a pillow for a baby under twelve months old, remove bibs before putting a baby down to sleep, and use a net to prevent pets getting into cots or prams.

Other Risks:

In one year (1967) 489 people died from other accidental causes; these included 73 drowning fatalities in baths, garden ponds, etc.; 27 from accidents with firearms; 70 from electrocution and 20 from foreign bodies in orifice.

Electrical Accidents

Due to amateur installations and repairs, faulty flex and plugs, misuse of domestic appliances, unearthed plugs, open sockets where there are children, also unguarded electric fires, touching electrical appliances with wet hands. Taking electrical apparatus into the bathroom, filling electric kettles without first disconnecting are also dangerous practices.

The Human Factor in Accidents

Every home accident involves a clash between a human being and something in the home environment, in which the human being sustains injury. Accidents are more likely to happen when people are ill, emotionally upset, depressed, or under physical strain.

Bodily conditions which may cause risk are poor sight, failure of the sense of smell, tendency to dizziness; weakened muscles, epilepsy, arthritic heart conditions, the lack of co-ordination of toddlers, slowing down of reaction in old age.

SECTION B

GENERAL PROVISIONS OF HEALTH SERVICE

LABORATORY SERVICE

The Emergency Public Health Laboratory Service is available for work in connection with the diagnosis and control of infectious diseases. It is situated adjacent to Northampton General Hospital. The co-operation and able service which is always provided is greatly appreciated.

AMBULANCE SERVICE

General medical, surgical and infectious disease cases are moved by the Ambulance Service operated by the County Council.

TREATMENT CENTRES AND CLINICS

Infant Clinics were held by appointment at the new Health Centre which opened on 13th January, 1969.

A mobile Dental Clinic visits the schools periodically.

TUBERCULOSIS

Cases suffering from tuberculosis are treated at Creton or Rushden hospitals.

The After-Care Committee continued to serve both the Borough and the surrounding Rural District.

A chest clinic was held at weekly intervals at Danetre Hospital. This clinic continues to be of great service to patients from this area as they would otherwise have to attend Creton Hospital, 12 miles away.

NURSING AT HOME

Midwives are provided by the County Council, together with Health Visitors and District Nurses who are based at the new Health Centre.

HOME HELP SERVICE

This service is also provided by the County Council, and is of particular value both in illness, domiciliary maternity cases and for old people who may, with the assistance of a home help, remain at home rather than be sent to an institution.

DAVENTRY HEALTH CENTRE

The centre providing general medical, local authority and some specialist services started functioning in January 1969 and was officially opened by the Secretary of State for Health and Social Security, Mr. Richard Crossman, on June 27th, 1969.

Mrs. Jean Burrell, the Administrator of the Health Centre, is thanked for supplying the following report:—

The Health Centre opened in January 1969 and is designed to meet the needs of the new Daventry. The present building can be extended as the town grows to meet the needs of a large part of its projected population of 36,000 by 1981 and 48,000 by the end of this century.

The Health Centre is used by seven general practitioners and an assistant from two practices, to which health visitors and district nurses/midwives are attached, and the Treatment Room is staffed by the district nurses. Patients are seen by appointment except in an emergency.

The administrative staff comprises an administrator, a senior receptionist and the equivalent of nine and a half full-time clerk/receptionists. There are three dentists working part-time at the Centre, who cater for children and expectant mothers. There are interviewing facilities for mental

health social workers, and office accommodation and interviewing facilities are also provided for the area home help organiser. Sessions are held by speech therapists, audiometric nurses, district midwives, health visitors and an enuretic consultant. A consultant psychiatric session is held each week, and it is hoped that it may be possible to hold sessions by consultants in different branches of medicine in the future.

The general practitioners are responsible for school health and pre-school child care, in addition to ante and post-natal care and normal surgeries. Family planning clinics are also held by both practices.

The health education room is used for relaxation and mothercraft classes; mothers' club meetings; meetings for handicapped people and the Tufty Club (road safety for young children)—the two latter being staffed by volunteers. It is also used by health department personnel and others connected with health for conferences, meetings, and so on.

There is a very willing and helpful group of volunteers in the Daventry area who are integrated into part of the work of the Centre. Members of the W.R.V.S. sell welfare foods on three afternoons a week, and each week a group of handicapped children are cared for by volunteer workers in a room specially provided for this purposes in the Health Centre.

The facilities of the Health Centre are shared by all those using it, which helps to promote the integration of the general practitioner and local authority services. The development of community health teams based on the Health Centre enables general practitioners to provide more of the total care of their patients; local health authority staff to have much better facilities for carrying out their work and to work more closely with general practitioners and consultants; the latter will have community-based modern facilities for their work.

The Health Centre provides an important focal point for all health services in the area, and is a practical example of functional integration.

HOSPITAL SERVICE

All infectious disease cases, excepting only tuberculosis sufferers, are treated at Harborough Road Isolation Hospital, Northampton, while general medical and surgical cases receive treatment at Danetre Hospital, Northampton General Hospital or Hospital of St. Cross, Rugby.

SERVICES FOR OLD PEOPLE

National Assistance Act 1947, Section 47 (Amendment 1951)

No action was necessary under this Act during the year, though a number of old people were visited in their homes. In some cases hospital admission was arranged and accepted voluntarily without having recourse to Section 47.

The following provided services for the elderly:—

1. The National Health Service

- (a) General Practitioner
- (b) Hospital and Specialist Services including the Almoner Service.

2. The County Council

- 1. District Nurses
- 2. Health Visitors
- 3. Home Helps
- 4. Certain home equipment where necessary

(b) The Welfare Department

- 1. Part III accommodation and homes.
- 2. Special services for blind, etc., and home fittings where necessary.

3. The Department of Health and Social Security

Financial help where necessary.

4. **The Borough Council**

Homes for the aged, including bungalows and flats.

5. **Voluntary Organisations**

The voluntary organisations are particularly active in this area, and provide many services which include Meals on Wheels, Darby and Joan Clubs, chiropody, home visiting and holiday schemes. A report on the activities of the voluntary services follows:—

DARBY & JOAN CLUB

Meetings of the club were held each Friday afternoon with the exception of holiday periods. These meetings were transferred from the Methodist School rooms in New Street to the new Community Centre and the facilities here are excellent.

In order to help with travelling from the New Estates helpers with cars give rides to members going to the meetings. More help of this kind by car owners would be appreciated by the Club Leader.

Many outings are arranged and a number of local organisations give financial support to the club. The present organisers and helpers are to be congratulated for all they do and the time they give to bring so much pleasure to the elderly people of our town.

The Chiropody Service is run by the W.R.V.S. as agents for the County Council. The Chiropodist attends the Club once each month.

The following W.R.V.S. members are in charge of the service:—

W.R.V.S. Centre Organiser — Mrs. L. F. Jones.

Club Leader — Mrs. M. Edwards. Treasurer — Mrs. J. Atkins.

MEALS ON WHEELS

This service is run by the W.R.V.S. and dinners are delivered twice weekly to some 15 old folk in their homes. It is appropriate to express thanks in this report to the few ladies, who without fail, turn out in all weathers to deliver meals. Both the Borough Council and County Council make a contribution towards part of the cost of this service, and a charge of 1/6d. is asked from the recipient of each meal supplied.

The dinners are cooked in the Evelyn Wright Home, which is run by the Welfare Department of the County Council. These dinners are really enjoyed by the recipients as the meals are freshly prepared each morning of delivery. It is to be hoped that when further homes of this type are built, they will also be planned with this meal service in mind.

DAVENTRY OLD PEOPLE'S WELFARE COMMITTEE

The Members of the Committee continue to make visits to elderly persons in their homes, and most of those visited have been glad to have a chat. Visits of this kind help to compensate for the long hours some elderly people have to endure, especially those who cannot get about very easily.

Other activities included a summer outing and the Christmas parcels scheme whereby 130 parcels were distributed last Christmas. Voluntary work was also carried out on gardens for elderly people who were unable to do it themselves. Calls have also been made on some of the elderly newcomers to the town who live in bungalows on the overspill estates. The Committee is indebted for the support it received from other organisations, both statutory and voluntary, in matters relating to the welfare of aged people within the town.

SECTION C

SANITARY CIRCUMSTANCES OF THE DISTRICT

The water supply for Daventry was under control of the Mid-Northamptonshire Water Board. It was both adequate for all purposes and pure in quality. Almost all houses have a piped supply, the exceptions being a few farms on the outskirts of the town. The main source of the water being Pitsford Reservoir situated 12 miles from Daventry where the water is constantly checked for purity. Samples are also taken locally each week by the Board. All water is chlorinated¹

The water is pumped from Pitsford to a local reservoir on Borough Hill overlooking the town; this ensures a good pressure to the supply. The water is moderately hard in character, and apart from a minute trace of iron, metals are absent; it has no plumbo-solvent action. Recent figures show the daily consumption to be 53 gallons per head daily throughout the area.

Extensions were made of water mains to supply the new housing and industrial estates being built in connection with the expansion scheme. It is also planned to construct a second storage reservoir on Newnham Hill at a later date.

As yet no action has been taken to add flouride to the water although the majority of local health authorities in whose areas the water is supplied have agreed with the policy. The water contains a trace of natural fluoride (0.25 p.p.m.).

The following is a copy of a recent analysis of the water from Pitsford reservoir.

Chemical Results in parts per million (Mg/L)

Appearance, Bright with a few particles		Free Carbon Dioxide	2
pH	7.9	Dissolved solids dried at 180°C	350
Electric Conductivity (Reciprocal Megohms per cm.)	510	Alkalinity as Calcium Carbonate	100
Chlorine present as Chloride	30	Carbonate Hardness	100
Total Hardness	170	Calcium	53
Non-carbonate Hardness	70	Silica	4
Magnesium	9	Residual Chlorine	0.7
		Fluoride	0.25

Zinc, Copper, Lead, Manganese: Absent

DISINFESTATION SERVICE

In domestic premises several treatments were carried out against infestations of fleas, ants, earwigs, beetles, wasps nests, and wood-boring insects. There was also a case of bed bugs which affected some ten houses. This was mainly attributable to the distribution of furniture amongst neighbours from an infested house which was the source of the trouble. This house had to be thoroughly sprayed twice before all bed bugs were successfully eliminated. The occupants had moved out of the area shortly before.

Several treatments were undertaken in business premises and appropriate charges were made to cover the cost of materials used.

SEWERAGE AND SEWAGE DISPOSAL

The sewage treatment works are situated to the east side of the town along Welton Road. The effluent is discharged into the Canal feeder reser-

voir nearby. At the present time sewage treatment is effected by a treatment system which was re-built in 1958 and has dry weather flow capacity of 200,000 gallons per day, together with a new extension "Rapid Bloc" Varley Aeration Plant having a capacity of 250,000 gallons per day. It is calculated that the dual system can deal with sewage from a maximum population of 13,000 persons reckoned at 35 gallons/head/daily. By reducing the amount of storm water going through the works and with extra land treatment of the effluent before discharge, extra sewage treatment for an ultimate population of 16,000 could be achieved. This figure is expected to be reached by 1973 and at this point in time the new works now being designed will be required

to come into operation. Steps have been taken by the Public Health Committee through its Consultants to meet this deadline, and the Borough Surveyor is in consultation with the Nene River Board over this matter. A number of samples of sewage effluent were taken during the year. Some of these were unsatisfactory although to a marginal degree.

Consultations have taken place with the British Waterways and the River Authority over storm water disposal. The ultimate disposal of storm water from the town will be via the reservoirs and hence into the river system to the north of the town.

A surface water trunk sewer was in the course of construction to serve the southern area of the Borough; the actual size of this reinforced concrete sewer measuring up to 5 feet x 5 feet in sectional area and costing approximately £250,000.

RODENT CONTROL

Free treatment of rodent infestations is carried out upon domestic premises. Contracts are available for treatment on business premises and a number of factories and shops are dealt with by this method. Vacant properties within the central area are checked at monthly intervals for rodents. A block treatment is used for this area because of the many empty properties awaiting clearance.

Sewers throughout the town were baited and some improvement noted on the Southbrook housing site where building has now been completed. The refuse tip was under constant surveillance for rats. The build-up of large numbers of rats can occur easily, especially at the end of the summer period when crops are harvested and food becomes scarce.

Under the guidance of the Ministry of Agriculture, Fisheries and Food a campaign to rid the County of rats was started on November 24th as part of a general campaign on rat infestation in the three counties of Northamptonshire, Leicestershire and Rutland. Local authorities, officers of the Ministry and the National Farmers' Union co-operated and training schemes, meetings and a publicity programme were instigated. Many other organisations were approached and schemes of permanent baiting were fulfilled in a number of areas.

In Daventry a display was erected in the Council Offices by the staff of the Public Health department to encourage the public to notify infestations. This display was a very useful factor in the promotion of the campaign. The theme of it was to show the amount of damage that rats could cause to food and property if not adequately controlled and, in addition, other hazards to health.

ANNUAL REPORT OF RATS AND MICE

Prevention of Damage by Pests Act, 1949

	Non-agricultural	Agricultural
1. Number of properties in district	4,162	21
2. (a) Total number of properties (including nearby premises) inspected following notification	211	1
(b) Number infested by		
(i) rats	74	1
(ii) mice	20	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	240	12
(b) Number infested by		
(i) rats	27	—
(ii) mice	2	—
4. Sewers		
(a) Inspection chambers surveyed	81	
(b) Number found to be infested and dealt with	5	

REFUSE COLLECTION

Household refuse was collected each week from domestic premises and the refuse disposed of at the Dodford Tip. The tip was supervised by a full-time attendant and its surface partially covered with soil. The tip has been under constant treatment against rodent infestation and sprayed once each week during the summer months to control the breeding of flies. A rear loading refuse vehicle is in daily use while general vehicles are used for paper salvage collection from shops. Some shopkeepers have difficulty in storing waste material, and there is a growing need to consider a more frequent collection.

The volume of general refuse is further increased by the fact that we are becoming a 'throw away' society. Many packages resist obsolescence, for example paper and polythene are replacing jute sacks, beer and soft drinks are sold in cans and more milk is sold in cardboard containers. It therefore becomes the local authority's responsibility to dispose of this mass of packaging material, much of which is indestructible. This is a problem which has to be faced if we are ultimately to prevent pollution of our environment.

The local authority provide metal dustbins to council houses. A scheme is also operated whereby the Borough Council hire out dustbins to other private occupiers at a charge of 7/6d. per annum, where requested to do so.

Waste materials are still dumped on the old tip site along Ashby Road, and this leaves very much to be desired. Part of the blame lies with some members of the public who leave all manner of rubbish at the entrance to the site without permission.

COMMON LODGING HOUSES

There were no premises registered for this purpose.

CARAVAN SITES ACT, 1960

There were no sites licensed within the Borough.

A number of caravans were stationed on building sites and occupied by employees engaged on development projects. These were inspected and

action taken to deal with any matters relating to health. Problems do arise from time to time when scrap dealers park on land, as they often leave litter behind.

ANIMAL BOARDING ESTABLISHMENTS

There were no premises registered for this purpose.

SWIMMING BATHS

There are two modern open air swimming pools and a paddling pool situated along Ashby Road. The site includes a grassed area which creates a pleasant amenity where families may sit. Frequently there are over 2,000 visitors daily to the pool in hot weather.

The water is filtered and chlorinated in accordance with standards laid down by the Department of Health and Social Security and the water can also be heated during cooler weather.

Regular samples were taken for bacteriological examination and found to be satisfactory.

During the year the County Education Department did much to encourage school children in their swimming activities. School children from 8 years onwards attend weekly sessions during term time. The number of certificates gained was most promising, and the children themselves should be highly commended for the excellent results obtained.

The following certificates were gained at the Ashby Road Swimming Pool by Daventry Schoolchildren during 1969.

				Juniors		Seniors		Totals
Grade				Boys	Girls	Boys	Girls	
Certificate	...	...	...	29	41	10	22	102
1st Star	...	...	...	74	86	65	63	288
2nd Star	...	...	...	27	38	73	51	189
3rd Star	...	...	...	19	20	38	17	94
4th Star	...	...	...	2	—	4	3	9
Totals	...	...	...	151	185	190	156	582

PETROLEUM REGULATIONS

21 premises were licensed by the Council for the storage of petroleum.

During the year one store at Haynes Building Depot in High Street closed for site re-development. The 500 gallons tank was removed from the site. The same firm moved to other premises in Oxford Street and were allowed to construct another 500 gallons underground store; this was subsequently tested and passed for licence.

A 3,000 gallons petroleum store was under construction for the new Green Shield Storage Depot on the Royal Oak Industrial Estate site. This will be completed during the coming year.

The responsibility for licensing the petroleum store at the Post Office premises was transferred from the Crown Department to the Local Authority. A licence was issued for their existing 500 gallons petroleum store situated at the rear of Sheaf Street.

Inspection was also made of inflammable stores at factory premises. One new locked store was approved at a factory.

ATMOSPHERIC POLLUTION

The Borough does not suffer from atmospheric pollution. The use of smokeless fuels in heating dwellings on the new housing estates has in every respect helped to maintain a clean air over the town. Special attention was paid to industrial development to prevent air pollution, and the plans of heating and industrial furnaces examined in detail to ensure that they comply with the Clean Air Act.

The recent use of natural gas and oil fuels in furnaces has made a great contribution to cleaner discharge of fumes from industrial premises. Gases such as sulphur dioxide must be carefully discharged from both large and small establishments. For this purpose special attention is given to the chimney heights so as to avoid harm to health. The Public Health Committee being aware of the great need to prevent smoke pollution, did not however, find it necessary to declare smoke control areas.

SECTION D

HOUSING

The once familiar pattern of the landscape around Daventry has changed rapidly over the past 4 years with the large housing programme required to meet the needs of overspill families coming into the town under the expansion scheme. During the year we saw the completion of the Southbrook estate while new houses were being rapidly completed on Phase I of the third housing site known as the Grange Estate.

The following table illustrates the position regarding completion of overspill dwellings since the development scheme commenced.

Total overspill dwellings completed during 1966	...	...	83
Total overspill dwellings by end of year 1967	...	...	361
Total overspill dwellings by end of year 1968	...	...	884
Total overspill dwellings by end of year 1969	...	...	1,260

Of the 1,260 completed dwellings, a total of 1,074 were let; the majority of families coming from Birmingham, although some families transferred with the Ford Motor Company from Essex to work at the new Fords Spare Parts Centre on the Royal Oak Industrial Estate.

As stated in last year's report, a number of new centrally heated houses were affected by mould growth shortly after occupation. This has been overcome by fixing insulation boarding to the internal surface of the affected walls. The worst houses to be affected were end ones of the terraces constructed of concrete. The basic fault being due to insufficient thermal insulation.

During the past year there has been close co-operation between the Public Health and Housing Departments over re-housing of elderly people from the central area. Great assistance was given by the Housing Committee to allocations for this purpose, and several areas were cleared. Six bungalows were completed by the Borough Council on the Kingsley Avenue site, thus finishing the building programme for that area. Plans were being prepared by the Borough Surveyor for further bungalows on Staverton Road and considerable interest has already been shown in this project by persons wishing to move into bungalows. Plans prepared by the County Architect for the 'Henry Smith House' were approved and an early commencement is expected.

19 houses listed by the Public Health Committee for clearance were demolished during the year. Three other properties were closed because they were unfit for habitation, and parts of two buildings were similarly dealt with. 9 families were re-housed from unfit accommodation.

Satisfactory co-operation was received generally in securing repairs to property, however, legal notices were authorised by the Public Health Committee in a few cases. Repair work was carried out by the Council in default in 2 cases, where notices were not complied with; in another case the owner was taken to court for not carrying out essential repairs. This owner who had to be taken to court for neglecting to repair a tenanted house was fined a mere £15.

Two applications were received for Standard Grants and both were approved.

HOUSING STATISTICS

I. INSPECTION OF DWELLING HOUSES DURING THE YEAR

1. (a) Number of dwellinghouses inspected for Public Health or Housing Act defects	...	...	...	...	...	136
(b) Number of inspections made	...	...	...	...	...	170
2. Number of dwellinghouses unfit for human habitation and incapable of repair at reasonable expense:—						
(a) Number scheduled in original Slum Clearance programme, 1955	...	...	...	...	...	117
(b) Number of additional houses found to be unfit as a result of a re-survey	...	...	...	...	...	77
(c) Number dealt with 1955–1969	...	...	...	...	...	179
(d) Remaining unfit houses	...	...	...	...	...	15

II. HOUSES DEMOLISHED

In Clearance Areas

1. Houses unfit for human habitation	...	...	...	...	—
2. Houses included by reason of bad arrangement	...	...	...	...	—

Not in Clearance Areas

3. As a result of formal or informal procedure under Sec. 16 or Sec. 17 (1) Housing Act, 1957	...	...	...	...	19
4. Local Authority owned houses certified as unfit	...	...	...	...	—
5. Houses unfit for human habitation where action has been taken under local Acts	...	...	...	...	—
6. Houses included in unfitness orders	...	...	...	...	—
7. Number of dwellings included above which were previously reported as closed	...	...	...	...	—

III. UNFIT HOUSES CLOSED

8. Under Sec. 16(4), 17(1) and 35(1) Housing Act, 1957	...	...	...	...	3
9. Under Sec. 17(3) and 26, Housing Act, 1957	...	...	...	...	—
10. Parts of buildings closed under Sec. 18, Housing Act, 1957	...	...	...	...	2

IV. NUMBER OF PERSONS DISPLACED

From houses to be demolished in or adjoining clearance areas.	No. of persons	...	—
	No. of families	...	—
From houses to be demolished not in or adjoining clearance areas.	No. of persons	...	10
	No. of families	...	6
From houses to be cleared.	No. of persons	...	2
	No. of families	...	1
From parts of buildings to be closed.	No. of persons	...	5
	No. of families	...	2

V. UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED

	By Owner	By Local Authority
11. After informal Action by Local Authority	49	—
12a. After formal notice under Public Health Acts	1	2
12b. Sec. 9, 16 and 24 Housing Act, 1957	—	—

VI. UNFIT HOUSES IN TEMPORARY USE (Housing Act, 1957)

NIL

VII. PURCHASE OF HOUSES BY AGREEMENT (in clearance areas)

NIL

VIII. HOUSING ACT 1957 PART IV — OVERCROWDING

1. (a) Number of dwellinghouses overcrowded at end of year	—
(b) Number of families dwelling therein	—
(c) Number of persons dwelling therein	—
2. Number of new cases of overcrowding reported during the year	—
3. Number of cases of overcrowding relieved during the year ...	1
Number of persons connected in such cases	8
4. Number of cases in which dwellinghouses became overcrowded again after Local Authority had taken steps to abate same	—

RENT ACT, 1957

Number of applications for Certificates of Disrepair	Nil
Number of Certificates granted	Nil

IMPROVEMENT GRANTS

(a) Housing Act, 1969

Number of applications for discretionary Grants	Nil
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(b) Housing Act, 1969

Number of applications for Standard Grants	2
Number of applications approved by Local Authority	2
Number of applications refused by Local Authority	Nil

SECTION E

INSPECTION AND SUPERVISION OF FOOD AND DRINK

Regular inspections were made of food shops, bakeries and cafes. The general standard of hygiene was reasonable, although in one case legal action was taken against a transport cafe proprietor because his premises were below standard. Fines of £27 were imposed.

Some old shops were demolished in Sheaf Street because they were in a dilapidated condition. There are a number of other shops in the central area which have been purchased by Daventry Development Committee, and some of these are in extremely poor condition, particularly the rear parts of the buildings.

A number of shops are licensed to sell milk and these premises were inspected at frequent intervals. Two complaints were received regarding school milk. In one case a piece of glass was found in a bottle, and the Dairy firm were issued with a warning over this matter. Ice cream premises are subject to registration, and particular attention was given to ice cream vehicles during the summer. In a few instances the owners of these vehicles were asked to make improvements.

The town has no slaughterhouses, all meat being supplied from the surrounding area, particularly Northampton. No action was necessary under the Imported Food Regulations 1968. These regulations are designed to deal with the inspection of bulk containerisation of meat transported directly from the continent.

There are no poultry slaughtering premises or egg pasteurisation plant within the Borough.

A number of complaints were received regarding food, and each was carefully investigated. Warning letters were sent where necessary. The following are typical cases dealt with:—

1. Complaint of sediment in bottle of milk.
2. Complaint regarding a block of ice cream.
3. Glass in bottle of school milk.
4. Mouldy pork pie.
5. Unsound frozen chicken.
6. Mouldy loaf of bread.
7. Unsound tin of tomatoes.
8. Grubs in 2 packets of dried foodstuffs.

The Weights & Measures Act of 1963 is administered by the County Council. The Chief Inspector has reported that 2088 articles were examined for weight or measure, and 32 found deficient. One firm of multiple grocers was warned for displaying jars of mincemeat which were wrongly labelled as to the weight. The contents of each jar being 1 lb. 13 oz. and not 2 lbs. as stated. Other food samples were satisfactory.

The following is a list of food premises grouped in categories of trade:

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

TRADE				Number of Premises	Number of Premises complying with Reg. 16	Number of Premises to which Reg. 19 applies	Number of Premises complying with Reg. 19
Bakehouses	...	...	...	3	3	3	3
Confectioners	...	...	...	9	9	4	4
Grocers (general)	...	...	...	17	17	15	15
Greengrocers	...	...	...	5	5	—	—
Butchers	...	...	...	7	7	7	7
Fish shops	...	...	...	3	3	3	3
Cafes	...	...	...	4	4	4	4
Licensed premises (Hotels, inns and club)	...	...	...	12	12	12	12
Canteens (factories, offices and schools)	...	...	...	16	16	16	16

NOTE : Regulation 16 requires wash basins to be provided.

Regulation 19 requires facilities for washing food and equipment.

SECTION F

PREVALENCE OF AND CONTROL OVER
INFECTIONS AND OTHER DISEASES

Health Services and Public Health Act, 1968
Public Health (Infectious Diseases) Regulations
Notification of food poisoning and infectious diseases

All provisions governing the notification of infectious disease and food poisoning are in Sections 47 to 49 of the Health Services and Public Health Act 1968 and the Public Health (Infectious Diseases) Regulations 1968.

The infectious diseases to be notified to the medical officer are:—

Acute encephalitis	Ophthalmia neonatorum
Acute meningitis	Paratyphoid Fever
Acute poliomyelitis	Plague
Anthrax	Relapsing fever
Cholera	Scarlet fever
Diphtheria	Smallpox
Dysentery	Tetanus
(amoebic or bacillary)	Tuberculosis
Infective jaundice	Typhoid Fever
Leprosy	Typhus
Leptospirosis	Whooping cough
Malaria	Yellow fever
Measles	

Since 1968 notification of the diseases listed below is no longer required:—

Acute influenzal pneumonia	Erysipelas
Acute primary pneumonia	Membranous croup
Acute rheumatism	Puerperal pyrexia

Responsibility for notifying a case or suspected case of food poisoning or infectious disease rests exclusively on the medical practitioner attending the patient unless he believes that another practitioner has already notified the case.

There was a decrease in the incidence of infectious diseases from last year's figure of 129 to 54. This was mainly due to the decrease in measles notifications which dropped from 104 to 33. Two cases of whooping cough and six cases of Sonne dysentery were notified. Once again, there were no cases of poliomyelitis and only once case of food poisoning.

PERIOD DISTRIBUTION OF
NOTIFIED CASES OF INFECTIOUS DISEASE

	January	February	March	April	May	June	July	August	September	October	November	December	
Measles	22	2	4	3	1	—	—	1	—	—	—	—	33
Scarlet Fever ...	—	—	—	—	—	2	—	—	—	—	—	—	2
Whooping Cough	3	—	—	—	—	—	—	—	—	—	—	—	3
Infective Jaundice	—	1	—	—	—	—	—	—	—	—	1	1	3
Sonne Dysentery	—	—	—	—	—	—	4	—	2	—	—	—	6
Flexner Dysentery	—	—	—	—	—	—	—	2	—	3	—	—	5
Food Poisoning	—	—	—	—	—	—	—	1	—	—	—	—	1
Tuberculosis ...	—	1	—	—	—	—	—	—	—	—	—	—	1
TOTALS ...	25	4	4	3	1	2	4	4	2	3	1	1	54

MEASLES

There were 33 cases, a decrease from 104 last year. This highly infectious illness from which few individuals escape has its incidence almost exclusively in childhood. It usually follows a biennial incidence with a rise each alternate year. The course of the infection is almost always benign but complications which include otitis media, pneumonia, eye infections and, very occasionally, encephalitis do occur, also the illness itself is often unpleasant. Complications can be effectively dealt with by the variety of antibiotics now available, but the drugs themselves are not without side effects, are expensive and involve medical supervision. An effective measles vaccine has been developed. It is hoped that in future years, measles, in common with diphtheria and poliomyelitis, may be virtually eradicated.

WHOOPING COUGH

Three cases were notified. This is another condition which is becoming largely more benign, but in some cases can be distressing, and in infancy, a serious illness. Protection to this disease is often by triple vaccination, together with tetanus and diphtheria. The satisfactory lack of cases is probably due to the high immunisation rate in the town.

SCARLET FEVER

Two cases were notified. This disease continues in its mild phase. Its principal interest is that it gives a rough indication of the amount of streptococcal infection in the community.

SMALLPOX

There were no cases. The vaccination of children is still necessary and should be carried out sometime during the first two years of life, preferably between the first and second year.

DIPHTHERIA

There have been no cases of diphtheria in Northamptonshire since 1956. There is therefore, with each successive year of freedom from infection, a diminishing recollection of the dangers of this illness. Mothers without knowledge of the disease feel a false security and may not have their children immunised. That this is a dangerous situation cannot be too strongly stressed, as it is only by keeping up the numbers of children immunised that the disease can be kept in check. It is the duty of all parents to have their children immunised, and if they fail to do so, they neglect their welfare.

POLIOMYELITIS

Once again there have been no cases, and this freedom can be ascribed to immunisation as the decline in incidence has occurred concurrently with vaccination. The oral Sabin vaccine is now used which gives a longer lasting immunity than the Salk or injected variety. A drink of syrup or a lump of sugar is also much more acceptable to the young patients than the previous needle prick.

SONNE DYSENTERY

There have been six cases.

FOOD POISONING

One case. The condition is usually caused by one of the Salmonella organisms, the commonest being the Typhimurium strain or paratyphoid A or B. The Staphylococcus gaining entry to food from an infected spot or boil on the hands, arms or face of a food handler may also be an occasional cause. More rarely typhoid fever or botulism may occur. However, the commonest

germ causing food poisoning is the Salmonella gaining entry into food by the faulty hygiene of food handlers. The sources of infection can be numerous, uncooked contaminated (often imported) meat being today, one of the most frequent.

TYPHOID FEVER

There were no cases.

RESPIRATORY INFECTIONS

Eleven deaths are recorded this year from pneumonia, three from bronchitis and none from influenza. The respiratory infections are now seldom a cause of death except as a terminal event but remain a considerable cause of ill-health. These are still the highest cause of loss of working hours, and bronchitis, nasal catarrh and sinus infections are still a cause of much disability.

INFECTIVE JAUNDICE

There were three cases. The Minister of Health gave sanctions that this disease should be made locally notifiable as from 1st July, 1962. By arrangement with other local authorities this also became operative in Northamptonshire. Under the Health Services and Public Health Act, 1968 infective jaundice became nationally notifiable.

Acute infective hepatitis is a disease caused by a virus which attacks the liver and causes jaundice. It is mainly an infection of young people, of faecal-oral spread, with an incubation period of 15-50 days. The incriminative routes of infection are from food-handlers, water and children to their mothers. The virus is present in faeces, 16 days before jaundice and up to 8 days afterwards. Serum hepatitis, which is another form of infective hepatitis, has a longer incubation period of 50-160 days and affects mainly adults and can be spread by blood transfusion and inefficiently sterilised equipment used by doctors, dentists and nurses, drug addicts and in the various tattooing processes. The clinical groups of these two groups of hepatitis are indistinguishable. There is no specific treatment and jaundiced adults may be away from work from six weeks to two months and sometimes may not feel really fit for a year. Quarantine measures are of little value and patients can be treated at home or in hospital, provided that adequate hand-washing techniques are practised, and concurrent disinfection of excreta. Serum hepatitis could be virtually abolished, if disposable equipment were generally introduced. In the County, disposable equipment is used by the County Health Department for all procedures involving immunisation. Gamma Globulin is of great value for the protection of close contacts and pregnant women during epidemics.

VACCINATION AND IMMUNISATION

Children are offered immunisation to the following diseases: Diphtheria, Whooping Cough, Tetanus, Poliomyelitis, Smallpox and Measles in the earlier years. These procedures are carried out by the General Practitioner or by the County Council at their Child Welfare Clinics.

Figures are not available this year, of the numbers immunised in the town. The County Council will include these in their statistics for the year.

All children are offered vaccination against tuberculosis at the age of 13 years. There is a good response to this offer and large numbers are vaccinated each year in the schools.

TUBERCULOSIS

One new case was notified in a housewife aged 27 years.

Age and sex distribution of new cases and deaths 1969

Age Groups			New Cases				Deaths			
			Pulmonary		Other		Pulmonary		Other	
			M	F	M	F	M	F	M	F
0-	—	—	—	—	—	—	—	—
1-	—	—	—	—	—	—	—	—
5-	—	—	—	—	—	—	—	—
15-	—	—	—	—	—	—	—	—
20-	—	—	—	—	—	—	—	—
25-	—	—	—	1	—	—	—	—
35-	—	—	—	—	—	—	—	—
45-	—	—	—	—	—	—	—	—
55-	—	—	—	—	—	—	—	—
65 plus	—	—	—	—	—	—	—	1
TOTAL	—	—	—	1	—	—	—	1

Cases on Register at 31st December, 1969

	Males			Females		Total
	Pulmonary	Other		Pulmonary	Other	
Notified in 1969	...	—	—	—	1	1
Inward Transfers	...	—	—	—	—	—
Death	...	—	—	—	1	1
Cured	...	—	—	—	—	—
Removals	...	—	—	—	—	—
Remaining	...	23	4	22	2	51

SECTION G

FACTORIES ACT 1961

Prescribed Particulars on the Administration of the Factories Act 1961

Part I

INSPECTION FOR PURPOSES OF PROVISIONS AS TO HEALTH

	No. on Register	Inspections	Number of Written Notices	Occupiers Prosecuted
(i) Factories without mechanical power ..	8	4	1	—
(ii) Factories with mechanical power ...	46	30	3	—
(iii) Other premises under Act (excluding outworkers' premises)	16	12	2	—
	<hr/> 70 <hr/>	<hr/> 46 <hr/>	<hr/> 6 <hr/>	<hr/> — <hr/>

CASES IN WHICH DEFECTS WERE FOUND

No. of cases in which defects were found	Found	Remedied	Ref. to M.H. Insp.	Ref. to H.M.I.	No. of Prosecutions
Want of cleanliness (S.1)	2	2	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable Temp. (S.3) ...	—	—	—	—	—
Inadequate Vent. (S.4) ...	—	—	—	—	—
Ineffective drainage of floors (S.6) ...	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ...	1	1	—	—	—
(b) Unsuitable or defective	3	3	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences (not relating to to Outworkers) ...	—	—	—	—	—
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
TOTAL ...	6	6	—	—	—
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Part VIII—Outworkers

Number of outworkers registered during the year ... 4

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

The report covers the period of 12 months from the 1st January to the 31st December, 1969 and includes details required by Section 60 of the above Act.

Part I—General report upon the enforcement of the Act.

Part II—Statistics Tables.

PART I

REGISTRATION

There was a total of 93 premises registered under the Act, showing an increase of 7 on the previous year. These premises have been visited by your Inspector, and in a number of cases contraventions were found; steps have since been taken to put these matters right.

Some of the shops within the central area are very old and as re-development comes better standards can be expected for persons employed in them. Most shopkeepers are doing their best to comply with the new Act but delay in re-development of the town centre is retarding progress.

Frequent temperature checks were made in shops and offices, and conditions have improved over the past year as a result of such visits. First aid materials were often found to be inadequate. More conveyor and lifting equipment is being brought into use generally to facilitate storage of goods and the safety aspect of equipment is being given careful consideration. One accident was reported, and this occurred in a butcher's shop while a filling machine was being used. The injury was not a serious one. Lighting standards were also checked in registered premises.

Inspections were made under the Shops Act, 1950 regarding half-day closure and Sunday trading. A warning was given in one case where trade was being carried out on the half-day when the shop was required to be closed.

PART II

Table A

REGISTRATIONS AND GENERAL INSPECTIONS

Class of premises	No. of premises registered during year	Total registered premises at end of year	No. of registered premises receiving general inspection during year
Offices	5	35	24
Retail Shops	7	48	38
Wholesale shops and warehouses	—	—	—
Catering establishments open to the public, canteens ...	1	9	9
Fuel storage depots	—	1	1
TOTALS	13	93	72

Table B

NUMBER OF VISITS OF ALL KINDS BY INSPECTORS TO REGISTERED PREMISES

Table C

**ANALYSIS OF PERSONS EMPLOYED IN REGISTERED
PREMISES BY WORKPLACE**

Class of workplace	No. of persons employed
Offices	250
Retails shops	190
Wholesale departments, warehouses	—
Catering establishments open to the public	40
Canteens	6
Fuel storage depots	2
TOTAL	488
Total males	244
Total females	244

Table D

EXEMPTIONS

Part I	—	Space (Sec. 5(2))	...	...	Nil
Part II	—	Temperature (Sec. 6)	...	...	Nil
Part III	—	Sanitary Conveniences (Sec. 9)	...	...	Nil
Part IV	—	Washing Facilities (Sec. 10(1))	...	...	Nil

Table E

PROSECUTIONS

Nil

Table F

INSPECTORS

No. of inspectors appointed under Section 52(1) or (5) of the Act	One
No. of other staff employed for most of their time on work in connection with the Act ...	Nil

SUMMARY OF PUBLIC HEALTH INSPECTOR'S VISITS DURING THE YEAR

Housing:							
No. of inspections made	...	...	...	...	...	...	170
Overcrowding	...	...	...	...	...	...	4
Drainage, W.C.s, Sinks, etc.	...	...	...	...	...	...	36
Miscellaneous Housing Visits	...	...	...	...	...	...	75
Food and Drugs and Ancillary Provisions	...	...	...	...	...	...	54
Food — Inspection and Condemnation	...	...	...	...	...	...	12
Offices, Shops and Railway Premises	...	...	...	...	...	...	159
Petroleum Licensing and Supervision	...	...	...	...	...	...	29
Refuse Collection	...	...	...	...	...	...	11
Refuse Disposal	...	...	...	...	...	...	8
Verminous Premises and Infestations	...	...	...	...	...	...	26
Infectious Disease and Food Poisoning	...	...	...	...	...	...	14
Pig keeping and other animal complaints	...	...	...	...	...	...	8
Nuisances	...	...	...	...	...	...	20
Theatres, Hotels and Places of Entertainment	...	...	...	...	...	...	8
Rodent Control	...	...	...	...	...	...	51
Schools	...	...	...	...	...	...	12
Temporary Dwellings	...	...	...	...	...	...	7
							<hr/> 704 <hr/>

